



2026 Associate Membership Application

Company Name: _____

Mailing Address: _____

Town/City: _____

Postal Code: _____

Contact Person: _____

Phone number: _____

Email address: _____

MEMBERSHIP FEE: \$250.00

ENCLOSED FEE: (Please make cheques payable to the SVFFA Inc.)

If invoice is required, please note Y/N: _____

E-transfer is available, please send form and payment to executivedirector@svffa.ca

Membership valid from January 1st, 2026 to December 31st, 2026

Membership Benefits:

- ❖ You have access to booth space for our Training Symposiums
- ❖ You will receive a SVFFA membership certificate and decal
- ❖ We will include your promotional material in our student packages at our Training Symposiums
- ❖ You will receive a 10% discount on all IFSTA training materials purchased through the SVFFA
- ❖ You are helping to support thousands of Volunteer Fire Fighter's from across Saskatchewan!

FOR OFFICE USE ONLY:

Payment received: _____ Cheque #: _____ Certificate & Decal mailed/Date: _____